



Dr O'Callaghan Inc. operating as Dr O'Callaghan Dental Care

Patient Intake Form

Version 2.1.1 | Document Code: INT-PAT-2025

Effective: 01 September 2025

Patient Intake Form

Patient Details											
Title			First Name								
Last Name											
Email Address											
Phone											
Date of Birth	D	D	M	M	Y	Y	Y	Y	Y	AGE	
ID Number											
Address											
Street Adress											
City/ Town											
Postal Code											
Next of Kin Details / Legal Guardian/Parent Details (for patients U/18)											
First Name											
Last Name											
Phone											
Email Adress											
Relationship to Patient											
Primary Account Holder											
(Person responsible for the account, if same as Patient Details, leave open)											
Title			First Name								
Last Name											
Email Address											
Phone											
ID Number											
Address											
Street Address											
City/Town											
Postal Code											
Medical Aid Details											
Medical Aid Name											
Plan Name											
Main Member											
Medical Aid Number											

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Medical History				
Name of your GP				
GP Phone Number/Email				
List any Serious Medical Conditions:				
List all Current Medications				
List all Allergies				
For Women				
Are you currently pregnant	YES		NO	
If yes, how many weeks pregnant?				
Consent and Agreement				
I confirm that all the details above are accurate and that I will inform Dr O'Callaghan Dental Care of any changes when it may occur. I, the patient (or parent/legal guardian) accept responsibilities for payment, and acknowledge financial policies, as well as consent for treatment and privacy, including how personal data is collected and will be stored and used per the Protection of Personal Information Act 4 of 2013 (POPIA).				
Signature				
Date				
FOR PRACTICE USE ONLY				
Patient File Number:				
Date of First Visit:				